

Profilnine (factor IX complex [human])
Effective 01/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

1. Hemophilia B

Compendial Uses

1. Bleeding due to low levels of liver-dependent coagulation factors
2. Factor II deficiency

All other indications are considered experimental/investigational and not medically necessary.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Hemophilia B

Authorization may be granted when the following criteria is met:

1. Member has a diagnosis of Hemophilia B.
2. The requested medication is prescribed by or in consultation with a hematologist.

Bleeding Due to Low Levels of Liver-dependent Coagulation Factors

Authorization may be granted when the following criteria is met:

1. Member has a diagnosis of bleeding due to low levels of liver-dependent coagulation factors.

2. The requested medication is prescribed by or in consultation with a hematologist.

Factor II Deficiency

Authorization may be granted when the following criteria is met:

1. Member has a diagnosis of Factor II deficiency.
2. The requested medication is prescribed by or in consultation with a hematologist.

Continuation of Therapy

Reauthorization may be granted for continued treatment in members requesting reauthorization for any of the above indications when the member is experiencing benefit from therapy (e.g., reduced frequency or severity of bleeds).

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Profilnine [package insert]. Los Angeles, CA: Grifols Biologicals, LLC; March 2021.
2. Micromedex Solutions [database online]. Ann Arbor, MI: Truven Health Analytics Inc. Updated periodically www.micromedexsolutions.com [available with subscription]. Accessed December 1, 2022.
3. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised March 2022. MASAC Document #272. https://www.hemophilia.org/sites/default/files/document/files/272_Treatment.pdf. Accessed December 1, 2022.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024

